

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

28221

☒ Please change the correspondence address for the patent applications/patents listed on the attached Statement under 37 CFR 3.73(b) to:

☒ The address associated with
Customer Number:

28221

OR

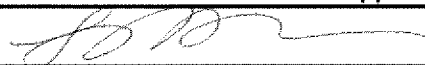
<input checked="" type="checkbox"/> Firm or Individual Name	Lowenstein Sandler PC		
Address	65 Livingston Avenue		
City	Roseland	State NJ	Zip 07068
Country	US		
Telephone	973-597-2500	Email	epietrowski@lowenstein.com

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Larry Hsu, Ph.D.		
Date	11/12/07	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*

☒ *Total of 2 forms are submitted.